

**HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL.: 587-0460 FAX: 587-0470

RECEIVED

(Date)



## LOBBYIST REGISTRATION FORM

	(Type or Print	Clearly)	da a Ali Opu <b>un</b> 5511	M
BARTI A ORDIVIOT				
PART I LOBBYIST				
NAME(Last) YOKOTA	(First) BLANE	(Middle) T.		TELEPHONE 546-5466
P.O. BOX 2200	HONG	OLULU	HI	96841
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
VERIZON HAWAII INC.				
EMPLOYING ORGANIZATION (Fill in only if y	ou are employed by a busi	ness entity which has been ret	ained to lobb	y) TELEPHONE 546-5466
P.O. BOX 2200	HONO	DLULU	HI	96841
MAILING ADDRESS (Street)	— ·	(City)	(State)	(Zip Code)
DADT II ODGANIZATION				
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR	,	·		TELEPHONE 546-5466
	BOX 2200 HONOI		HI	96841
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PRE	EPARING ORGANIZATION	S EXPENDITURES STATEMEN	NT	TELEPHONE 546-5466
P.O. BOX 2200	HONOL	ULU	HI	96841
MAILING ADDRESS (Street)	-	(City)	(State)	(Zip Code)
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture Ed	ducation	Human Services		Science, Technology & Economic Development
	overnment Operations &	Intergovernmental Rela		Tourism & Recreation
	awaiian Affairs	[XX] Labor & Employment		Transportaion
Culture, Arts, Historic Hereservation	ealth	XX Planning, Land & Water Use Management		Other: (indicate below)
Ecology, Energy, He Environmental Protection	ousing	Public Safety & Correct	ions	<u>Telecommunicat</u> io
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DADT IV CERTIFICATION OF LA	OPPVICT	· · · · · · · · · · · · · · · · · · ·		
PART IV CERTIFICATION OF LOBBYIST  I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Blow J. Uklest	5		1/6/0	う
	of Lobbyist)		(Da	
PART V AUTHORIZATION TO L	OBBY			
NAME WARREN H. HARUKI, PRESI		TITLE OF AUTHORIZING OF	FICER OR PI	ERSON REPRESENTED
VERIZON HAWAII INC.				:
NAME OF ORGANIZATION (if applicable)			÷ ,	TELEPHONE 546-2323
P.O. BOX 2200	HONO	OLULU	HI	96841
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
I hereby authorize the above-na	med person to engag	e in lobbying activities on	behalf of t	the undersigned.
Janew It Barul	ri		1/6/3	